# Eat Smart...Move More...Tune In A Healthy Weight Initiative for Tennessee's Children and Youth



Developed by: Tennessee Healthy Weight Network (THWN)

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## A Call to Action For A Healthy Tennessee

The alarming rise in childhood overweight and its health and economic consequences for individuals, schools, families, communities and the health care systems should serve as a wake-up call for Tennesseans. Our children's modern environment has made overeating almost inevitable... it supersizes meals... it makes snack food constantly available... it encourages eating or purchasing food in the absence of hunger. This same environment provides many labor-saving and entertainment technologies that encourage sedentary lifestyles. Yet, we do little or nothing to help our children consume healthier foods or burn off those extra calories to balance the scale...such as communities' increasing availability of safe public sidewalks, schools making time for physical activity, or even families making sure TV is limited.

According to the American Academy of Pediatrics, the increase in childhood obesity represents an "unprecedented burden" on children's health. The Centers for Disease Control and Prevention (CDC), report that since 1980 the proportion of overweight children ages 6 to 11 has more than doubled, and the rate for adolescents has tripled. Today about 10% of 2- to 5-year-olds and 15% of 6- to 19-year-olds are overweight. Taking into consideration the proportion who are "at risk" of being overweight, the current percentages double to 20% for children ages 2–5 and 30% for kids ages 6–19. Among children of color, the rates are even higher: 4 in 10 Mexican American and African American youth ages 6 to 19 are considered overweight or at risk of being overweight.

This epidemic of overweight in our State does not have one cause and did not happen overnight. Although the State of Tennessee currently does not have a statewide surveillance system to track changes in obesity rates and no county by county or trend data is available; baseline data is being gathered among Coordinated School Health Programs and within the Health Department/WIC program. The following data from those programs indicate that Tennessee has a problem. Coordinated School Health data has shown a range of 19-30% of students that are overweight, and as many as 25-43% of students who are at risk of becoming overweight. A Latino Project in Memphis found that 22-34% of children were at risk of overweight or were overweight. The Tennessee Special Supplemental Nutrition Program for Women, Infants and Children up to age 5, has about 10% of children considered overweight and another 10% that are considered at risk of becoming overweight. This data is reflective of national trends.

Therefore, the solution must address multiple issues and will take time. Reversing the trend will require that we work as a team with optimism, inclusion, patience and persistence. Who should be on the team? Anyone who has a vested interest in healthy children: parents; youth; health professionals; school administrators, teachers and staff; child care personnel; county commissioners and community leaders; the media; retailers and restaurateurs; state officials; and legislators.

The Tennessee Healthy Weight Network for Children and Youth (THWN) asks you to join in this initiative to create a Tennessee where:

- communities, school, child care facilities and families create and expand opportunities for healthy eating and physical activity;
- the healthcare system is actively engaged in the prevention and treatment of childhood overweight;
- media images reflect a social and cultural norm of healthy eating and regular physical activity;
- children and families have the knowledge, skills and support needed to eat well and be physically active for life; and
- overweight/obesity-related health care costs have been reduced and quality of life of the state's citizens enhanced.

The time will never be perfect, the resources will never be adequate, the research will never be complete; however, we need to deal with this issue now. The consequences of this epidemic are so great that we dare not wait any longer. We must act now...together.

#### The Beginning: Tennessee Healthy Weight Network

In January 2002, representatives of several public, private and health professional groups in Tennessee met in Nashville to discuss the growing prevalence of overweight in children and its economic and health implications for our state. Recognizing a need for a partnership effort to combat the problem, the Tennessee Healthy Weight Network (THWN) organized to identify changes needed in schools, child-care, families, communities and healthcare in Tennessee.

In October 2002, the Healthy Schools Summit, an effort of more than 30 national education and health organizations, was held in Washington, DC, to address the childhood overweight issue. As an outgrowth of the national summit, 51 states/regions organized teams called *Action for Healthy Kids*, with the stated purpose of improving the nutrition and physical activity environment in schools across the nation. In November 2002, the *Tennessee Action for Healthy Kids* joined with the THWN to serve as the subcommittee for school-related action.

#### The Vision: Healthy Weight

The vision for a healthy weight is written for local initiative implementation in schools, child care, families, communities and health care situations. THWN will also work at the State level to encourage adoption of State policies to aid local efforts, to ensure buy-in of critical private and public groups/organizations, to establish a statewide awareness/media program for the initiative, to secure funding and to plan and implement a surveillance and research program to reduce overweight in Tennessee.

#### The Plan: Eat Smart...Move More...Tune In

Eat Smart . . . Move More . . . Tune In was chosen as the action-oriented message to unify the healthy weight initiative to be delivered by public and private agencies and organizations across the State. Eat Smart focuses on food choices and environmental changes that will empower children to make appropriate food choices. Move More focuses on energy expenditure and community-wide changes that will increase opportunities for physical activity. Tune In focuses on the ability to identify and act on appropriate internal cues for eating, respect for self and others and the importance of adults modeling healthy eating and physical activity behaviors.



March 2004

## Section I: A Vision for Healthy Tennessee

- Schools
- Child-Care
- Families
- Communities
- Health Care

## Section I-A: A Vision for Healthy Tennessee

## **Schools**



TENNESSEE HEALTHY WEIGHT NETWORK

## Healthy Weight: A Vision for Healthy Tennessee Schools

Schools are the common destination for most of Tennessee's children and youth each weekday. Over a period of thirteen years or more they will spend a significant amount of time in school. Schools are an appropriate place in each community for children and youth to acquire accurate information they need to make positive healthy choices for life. Each school should have, as one of its goals, the inclusion of good health principles in every aspect of a student's day and school/community experience. Schools should also be organized to provide comprehensive, culturally sensitive health-related programs, activities and services as an integrated part of the school schedule, curriculum and learning environment for each student.

## Promote healthy weight by creating a school environment that enables students and staff to EAT SMART...MOVE MORE...and TUNE IN.

- **EAT SMART** is an achievable goal when there is access to healthy foods rather than foods of low nutritional value at school and when students and staff value healthy eating as a result of education and personal example.
- MOVE MORE happens when schedules and facilities are used to optimize opportunities for physical movement and when students learn how to enjoy and seek physically active lifestyles both at school and away from school.
- TUNE IN by reacting to appropriate body cues for eating is possible when the school environment is respectful and caring
  and where all students feel secure and emotionally safe, regardless of physical size or shape.

The majority of actions in the school action plan correspond to "The Commitment to Change" from the December 2001 Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. As Tennessee schools implement the suggested actions they will be recognized for their efforts to improve the school health environment. The starred (★★) actions will take more time, energy and teamwork to accomplish, but because of their potential impact will carry a higher level of recognition by Tennessee Action for Healthy Kids, the Governor's Council on Physical Fitness and Health and additional supporting state groups.

#### A Vision for Healthy Tennessee Schools: Eat Smart

Provide age-appropriate and culturally sensitive instruction in health education that help students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits.

- Ensure that current State curriculum standards for health and wellness include exercise and nutrition and are adequately addressed at each grade level
- Provide teachers access to training and age-appropriate classroom educational resources that teach nutrition as it relates to overall health, wellness and body systems
- Teach an appreciation for cultural diversity as related to food and health at each grade level

Provide students in grades K-12 with behavior-focused nutrition education integrated into the curriculum that is interactive and teaches the skills they need to adopt healthy eating habits.

- Advocate for the position of a registered dietitian for the school district to coordinate nutrition education ★★
- Provide classroom opportunities for hands-on learning experiences in nutrition (i.e., tasting and/or cooking activities, portable kitchen activities, school gardens)
- Integrate and coordinate nutrition education in all grades as part of the core subject areas (i.e., in science, offer periodic tables that utilize food in place of chemical symbols, in math, calculate measurements in recipes as related to fractions)
- Use tested behavior-focused nutrition education materials in the classroom.
- Offer students and staff education as to the importance of choosing healthy foods and their synergistic properties (i.e., whole grains offer fiber and B vitamins, milk offers calcium and vitamin D, fruits offer vitamin C, vegetables offer vitamin A)
- Provide education to students and staff about water as a healthy beverage and a thirst quencher

#### Ensure that meals offered through all school food programs meet federal nutrition standards.

- Exceed federal standards in a la carte sales in the cafeteria by excluding foods of limited nutritional value such as doughnuts, fruit drinks, candy and carbonated beverages ★★
- Follow age-group recommendations for portion sizes of foods and beverages served in the National School Lunch, School Breakfast and after school snack programs
- Provide access to training and technical assistance to ensure schools provide nutritious, cost effective meals that meet federal standards

## Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.

- Write, adopt and implement a school policy that foods served on the school campus are consistent with the Dietary Guidelines for Americans ★★
- Educate students and staff on the *Dietary Guidelines for Americans* (**ABC**'s **A**im for Fitness, **B**uild a Healthy Base and Choose Sensibly) and express in terms of moderation not avoidance
- Use marketing techniques to promote school meals and snacks that follow the Dietary Guidelines to students
- Advertise healthy eating messages throughout the school (e.g., post information on the "Dietary Guidelines for Americans" on bulletin boards, in parent newsletters and on the school web site or school TV)
- Establish a student advisory group or school nutrition team, which includes students, to offer input and feedback into healthy school choices available at school
- Initiate a school breakfast program, if not currently offered
- Increase accessibility of water fountains and bottled water in the school

## Provide food options at school that are low in fat, calories and added sugars, such as fruits, vegetables, whole grains and low-fat or nonfat dairy foods.

- Offer and encourage daily consumption of a whole grain product at each meal
- Offer a variety and encourage consumption of a variety of fruits each day to help ensure students get a minimum of five (5) servings a day of fruits and vegetables
- Offer a variety and encourage consumption of a variety of vegetables each day to help ensure students get a minimum of five (5) servings a day of fruits and vegetables
- Offer and encourage consumption of low fat and fat free milk products, including flavored milks, at meals and snacks
- Offer a minimum of one entrée low in total fat and saturated fat at each meal
- Offer and promote low-fat side dishes to balance higher-fat entrees
- Promote the use of healthy menu suggestions for lunches brought from home by students
- Promote the use of healthy menu suggestions for school celebrations
- Encourage school organizations to sell non-food items for fund-raisers; when foods are used for fund-raising, choose foods that support healthy eating, such as fruit
- Establish a student advisory board to help develop student-friendly school food service menus that are lower in saturated fat, calories and added sugars
- Offer initial staff training, or updated training, on food preparation techniques to reduce saturated fat, sugar and sodium in school meals

## Set standards for nutritional content, portion size and hours of service of foods and beverages sold in vending machines, snack bars and as school cafeteria a la carte menu items.

- Write, adopt and implement a vending policy for the school that prevents competition with healthy school meal programs
   ★★
- Offer alternative breakfast service options (i.e., breakfast in the classroom, breakfast after 1<sup>st</sup> period, grab n' go breakfast) to increase breakfast participation and eliminate morning hunger ★★
- Work with vendors to replace vending machine foods of limited nutritional value with healthier choices ★★
- Promote participation in healthy school breakfast and lunch programs by prohibiting access to vending machines, snack bars and other food sales in which snacks compete with meals
- Do not allow vending machines or access to other competitive foods in elementary schools
- Limit vending machine and access to other competitive foods for middle and junior high schools until 1 hour after the last lunch period
- Limit vending machines and access to other competitive foods until after the end of the last lunch period in senior high schools
- Provide opportunities for students to obtain healthy snacks before or after lunch period hours
- Provide and promote the availability of water and 100 percent fruit juice in vending machines
- Provide and promote low-fat and non-fat milk products, including flavored milk, in plastic re-sealable containers in milk vending machines
- Encourage a vending machine pricing structure that encourages the purchase of nutritious options
- Provide education for students and staff about how to resist advertising pressures to buy foods and beverages high in calories and low in nutrients
- Assist staff and students in identifying vending machine foods that are a healthy choice
- Provide water, flavored milk in re-sealable plastic containers and 100% fruit juice as a la carte choices in place of less nutritious beverages

## TENNESSEE HEALTHY WEIGHT NETWORK

#### A Vision for Healthy Tennessee Schools: Move More

Provide age-appropriate and culturally sensitive instruction in health education that helps students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy a physically active lifestyle.

- Provide teachers and staff the training and educational resources to appropriately promote physical activity in the classroom setting in addition to physical education experiences
- Educate students and staff about the multiple benefits of being physically active
- Ensure that current state curriculum standards for health, wellness and physical education are addressed at each grade level
- Teach an appreciation for cultural diversity as it relates to physical activity
- Educate and promote the concept of food as fuel that allows one to be physically active
- Provide teachers and staff access to resources that assist in integration of physical activity into the curriculum

Provide all children, grades K-12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.

- Help students learn how to design and implement an individualized physical activity/fitness plan ★★
- Teach the importance of physical activity in achieving a healthy weight (based on proper growth)
- Help students develop the skills needed for competitive and non-competitive physical activities, including proper eating (healthy fueling) and hydration as enhancement for those skills
- Ensure universal access to physical education and physical activity opportunities for children and youth with disabilities and special health care needs
- Teach physical education on a daily basis in all grades as part of the core subject areas taught in school

Ensure that students will have a variety of quality physical activity experiences that contribute to a physical activity goal of at least 30 minutes per day in school. A total of 60 minutes per day (in and out of school) is recommended.

- Write, adopt and implement a policy that prohibits physical activity or exclusion from physical activity being used as punishment (i.e., running laps, push ups, sitting out recess) ★★
- Integrate physical activity into core subjects and use physical activity experiences in the classroom to help students reinforce learning of key concepts and to transition between subject areas ★★
- Establish a system that uses extra physical activity opportunities as a form of reward ★★
- Provide worksite wellness opportunities to faculty and staff to encourage good modeling of physical activity to students and parents ★★

- Ensure and promote safe-routes-to-school and walk-to-school programs within 1 mile for elementary schools and 1½ miles for middle and high schools
- Install bike racks outside the school building
- Attend education on the connection and importance of physical activity and hydration (including water, 100% fruit juice and milk choices)
- Ensure that during physical education class all students are physically active for at least 75% of the time allotted.
- Provide daily recess periods for elementary and pre-school students, with time for unstructured, supervised play
- Offer recreational activities that promote moderate to vigorous physical activity at recess and other breaks (i.e., before/after school, evening, weekend programs)
- Ensure universal access to physical education and physical activity opportunities for children and youth with disabilities and special health care needs
- Ensure that students have access to facilities and equipment that are safe and designed for vigorous physical activity

## Provide extracurricular and co-curricular physical activity programs targeted to all ability levels, especially intramural programs and physical activity clubs.

- Establish student-led physical activity clubs (i.e., walking club, bike club, yoga club) with adult supervision ★★
- Offer intramural and physical activity programs that feature a range of competitive, cooperative and individual physical activity opportunities
- Collaborate with other recreation agencies and community organizations to identify physical activity opportunities for students and families during after-school hours, weekends and holidays
- Encourage schools to offer physical activity based fundraising events (jump rope and hoops for heart, dance marathon, trackathon)

## Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.

- Open school physical activity and exercise facilities for family and community members' use during non-school hours
- Promote opportunities for physical activity at school and in the community through newsletters, bulletin boards, websites, etc.
- Encourage the community to promote and utilize school facilities as safe places to be physically active

#### A Vision for Healthy Tennessee Schools: Tune In

Ensure an atmosphere conducive to all students feeling respected and encouraged to make healthy choices, regardless of physical size or weight.

- Write, adopt and implement a school "respect" policy that builds appreciation for differences and does not allow criticizing bullying, name-calling or shaming others about physical size, weight or disability ★★
- Offer faculty, staff and administrators access to education and training on body weight and size sensitivity in order to eliminate weight discrimination in all classroom and school activities
- Provide training to staff and parents in how to help children identify internal and external cues for eating
- Train adults on how to help children learn to hear their own physical and emotional feeling and appropriate expressions and responses to these feelings
- Offer faculty, staff and administrators access to education on the warning signs of eating disorders
- Project realistic body weight goals throughout school (i.e., bulletin board displays) to counter unrealistic societal norms
- Through collaboration with health agencies, develop a community referral resource list for children with overweight or underweight problems and provide to parents as requested, through school counselors
- Faculty, staff and administrators shall use sensitive practices for assessment, referral and follow-up with overweight and/or disordered eating children
- Faculty, staff and administrators should refrain from using labels such as "overweight," "fat," "obese," "underweight," "too thin," "anorexic," "eats like a bird," "eats like a horse" and so on

#### Encourage students to tune in to their own body signals so they eat in response to appropriate cues.

- Offer faculty, staff and administrators access to education training on how to recognize non-hunger cues to eating (emotions, habit, food availability/attractiveness and marketing)
- Teach students about satiety and appetite awareness
- Enable students to independently choose which and how much food to eat without pressure, not requiring clean plates
- Keep the school environment free of advertising for foods
- Provide parents access to educational sessions and resources on appropriate eating cues (including warning signs of disordered eating) at PTA/PTO meetings, school or class newspapers and/or school websites

#### Increase opportunities for teachers/staff to model healthy eating and increased physical activity.

• Offer and promote a worksite wellness program to help develop appropriate eating and physical activity behaviors in faculty, staff and administrators ★★

- Offer parents, faculty, staff and administrators access to education on the need for good adult role models for healthy eating and regular physical activity
- Faculty, staff and administrators will model the importance of physical activity by adding physical activity to their own school schedules (e.g., walks with the students)
- Faculty, staff and administrators are to refrain from making disparaging comments about their own weight or the weights of other adults
- Faculty, staff and administrators will model healthful choices by eating meals with students and/or choosing healthy snacks during the day
- · Students, faculty, staff and administrators will refrain from commenting on food selected by others

## Provide a pleasant environment and an adequate amount of time for students to enjoy school breakfast and school lunch.

- Identify and address barriers, including real and perceived (i.e., bus scheduling or perception that school meals are for "poor" students), to student participation in school breakfast, lunch and after-school snack programs ★★
- Set standards that ensure students will have at least 10 minutes to eat breakfast and 20 minutes to eat lunch, beginning when the student is seated
- Establish recess periods before lunch in order to foster appetite
- Establish lunch periods at reasonable times around midday of the school schedule
- Offer a relaxed time for eating that promotes positive social interaction and eating behaviors

#### Ensure an environment that fosters healthy attitudes regarding physical activity.

- Offer physical activity games during recess and physical education classes with clear rules that are reviewed prior to play
- Provide an adult to serve as referee for all competitive games

## TENNESSEE HEALINY WEIGHT NETWORK

## Section I-B: A Vision for Healthy Tennessee Child-Care

TENNESSEE HEALTHY WEIGHT NETWORK

### Healthy Weight: A Vision for Healthy Tennessee Child-Care

In 1999 an estimated 60% of U. S. children younger than 5 years of age were enrolled in child-care programs. United States labor trends have forecasted an expected rise in these numbers in future years. Many of these children spend most of their waking hours under the care of child-care providers. Child-care facilities also provide services for school-aged children enrolled in after-school programs. During the time when children are in the care of others, they are fed meals and snacks and are provided with opportunities for physical activity. Therefore, child-care facilities provide early and continuous opportunities to encourage healthy eating and physical activity patterns that prevent future weight problems among children enrolled in their programs. Providers have a responsibility to create an emotionally safe environment that promotes pleasure and satisfaction in healthy eating and physical activity and inspires the confidence needed to master new experiences. Daily family contact affords child-care providers unique opportunities to impact and educate families, particularly in the early child development years as family lifestyles are forming. Providers can educate parents/guardians regarding in-center efforts to shape children's health and emphasize the importance of the parent/guardian role in reinforcing messages and shaping children's habits at home.

## Empower child-care facilities to create an environment that ensures all children and youth will EAT SMART... MOVE MORE... and TUNE IN.

- **EAT SMART** by offering healthy foods in portion sizes that are developmentally/age-appropriate and teach children to enjoy a variety of foods.
- MOVE MORE by providing opportunities for developmentally appropriate physical activities that are fun and teach new skills.
- **TUNE IN** by providing an emotionally safe environment in which a child learns to respond to his/her natural inclination to enjoy the pleasure of eating healthy foods and engaging in a physically active lifestyle.

#### A Vision for Healthy Tennessee Child-Care: Eat Smart

#### Develop and implement state standards that are consistent with national standards.

- Advocate for a state-level registered dietitian position (with a population-based health background) to oversee nutrition and foodservice for child-care in the state of Tennessee
- Advocate for county or regional Registered Dietitian positions (with background in population-based health) to approve nutritional and foodservice plans
- Review state-licensing standards for nutrition and foodservice annually
- Create a recognition program for facilities that meet or exceed child-care standards regarding nutrition education, breastfeeding support and foodservice programs

## Mobilize child care facilities and communities for action in developing nutrition education and model food service programs.

- Support the development of public-private partnerships and community mobilization through annual Healthy Kids Summits, which highlight the importance of proper nutrition and nutrition education for child-care settings
- Provide technical support for local community working groups or coalitions, which will assist in facilitating nutrition changes in child-care facilities

#### Limit consumption of high fat and heavily sweetened foods and beverages.

- Follow recommended infant feeding guidelines for infants' first foods, including breastfeeding and formula use and introduction of solid foods
- Set standards for nutritional content, portion size and hours of service of foods and beverages sold in vending machines and snack bars
- Serve only 100% juice rather than sugar-sweetened juice drinks (punch, etc.)
- Provide education about water as a healthy beverage and thirst quencher
- Offer and encourage water as the standard thirst quencher
- Offer low-fat or fat free dairy foods for children 2 years of age and older

#### Ensure developmentally/age-appropriate portion sizes of foods and beverages.

- Encourage and support breastfeeding
- Provide breastfeeding education to staff
- Follow USDA guidelines for appropriate amounts of infant formulas

- Prepare artificial infant formulas according to instructions to assure appropriate calories, vitamins and minerals to support normal growth
- Train child-care staff about the relationship between calorie and nutrient needs of different age groups and age-appropriate portion sizes
- Ensure that foods served meet or exceed USDA nutrition standards to meet the needs of individual children
- Serve age-appropriate portion sizes for meals and snacks and additional servings as needed to meet needs of the individual child
- Offer fruits, non-starchy vegetables and whole grains daily (when meals are served) or incorporate into snacks several times/week

#### Ensure that facilities provide behavior-focused nutrition education.

- Use approved nutrition education curricula and literature that promotes healthy eating and presents breastfeeding as the standard method of infant feeding
- Integrate nutrition education into other developmental learning areas
- Provide nutrition education that is culturally sensitive and exposes children to diverse cultures
- Provide in-services for providers to teach curriculum delivery and reinforce providers' role as models for healthy eating and exercise behaviors
- Encourage parents to provide healthy foods at home, including snacks sent to school with their child. Help parents recognize their potential as role models for healthy eating and physical activity patterns

## TENNESSEE HEALTHY WEIGHT NETWORK

#### A Vision for Healthy Tennessee Child-Care: Move More

#### Ensure that children and youth participate in at least 60 minutes of age-appropriate activity on a daily basis.

- Support the development of public-private partnerships and community mobilization which highlight child-care settings for age-appropriate physical activity
- Provide daily opportunities for gross motor development through unstructured supervised play
- Provide daily structured age-appropriate physical activity lessons that foster skills development using age-appropriate curricula
- Set standards for use of TV and video games
- Create a recognition program for facilities that provide daily structured and non-structured physical activity for all enrollees

#### Ensure an appropriate environment that establishes and promotes active lifestyles as the norm.

- Obtain age-appropriate equipment that meets child-care safety standards for gross motor and other physical activity skills development
- Provide parent-teacher communication regarding facility efforts in the area of physical activity
- Display positive physical movement messages in classrooms and hallways
- Participate in community-wide social marketing interventions that promote physical activity

#### Ensure universal access to physical activity opportunities for children with disabilities and special health care needs.

- Provide the least restrictive environment for special needs children regarding adaptations for physical activity skills development
- Work with community resources to adapt activities to meet the needs of special needs children



#### A Vision for Healthy Tennessee Child-Care: Tune In

#### Provide a pleasant environment and an adequate amount time for children to enjoy meals and snacks.

- Provide nutrition education (including breastfeeding education) and training to staff that includes satiety and appetite awareness
- Establish mealtimes and snacks at routine times each day for children one year and older
- Make it policy to feed infants on demand rather than on schedule and support breastfeeding mothers
- Provide a pleasurable eating environment with minimal distractions
- Serve as role models for healthy eating behaviors by eating with children
- Avoid using food and physical activity as rewards or punishment
- Encourage children to taste new foods, but avoid forcing them to eat foods they do not want
- Allow children to determine how much they eat
- Provide culturally familiar food opportunities, as well as nutrition education and menus that expose children to culturally diverse foods
- Staff will serve as role models through breastfeeding support for mothers, infants and toddlers

#### Provide a pleasant environment with physical activities that create emotional safety.

- · Train staff on developmentally appropriate physical activity
- Serve as role models and leaders for physical activity to guide children through structured and non-structured activities daily
- Avoid using physical activity or excluding children from physical activity as a punishment
- Reward classroom progress in other developmental areas with enjoyable physical activity for the whole class
- Provide age-appropriate non-competitive games and physical activities for young children developing new skills
- Encourage all children to participate in physical activity through modeling and positive reinforcement as new skills are attempted
- Supervise young children during physical activity
- Assist older children in establishing ground rules when engaging in competitive games or play and referee as needed
- Provide separate play areas and activities for older and younger children
- Emphasize the importance of inclusive competitive play in older children, so that no child is left out

## Section I-C: A Vision for Healthy Tennessee

**Families** 

TENNESSEE HEALTHY WEIGHT NETWORK

### Healthy Weight: A Vision for Healthy Tennessee Families

Families have a great impact on the health and well-being of children and youth and are an important foundation for the solution to overweight and obesity. They provide the children's first learning environment and have the potential to make that environment supportive of family eating and physical activity patterns that prevent childhood overweight. Families can be powerful advocates for environment and policy change to support healthy eating and physical activity outside the home.

## Empower families to create a home environment that ensures all children and youth EAT SMART... MOVE MORE... and TUNE IN.

- **EAT SMART** by limiting access to high calorie, high-fat and low nutrient foods and increasing access to healthy, nutrient dense foods.
- MOVE MORE by making sure that the family schedule and home surroundings optimize physical activity opportunities for children, youth and adults.
- TUNE IN to internal hunger signals.

#### A Vision for Healthy Tennessee Families: Eat Smart

#### Limit consumption of low-nutrient, sugar-sweetened beverages.

- Offer water as the standard thirst quencher
- Serve 100% pure juice rather than sugar-sweetened juice drinks (punch, aides, etc.)
- Promote policies at school and other public places that ensure water, 100 % juice and low fat milk are available in vending machines
- Promote policies at school that eliminate access to low-nutrient, sugar sweetened beverages in elementary schools

#### Provide age-appropriate portion sizes of foods and beverages.

- Learn what constitutes an appropriate portion of foods and beverages for each family member
- Serve portions appropriate to family members' age and activity level
- Avoid all-you-can-eat buffets, super-sized meals and other "deals" that promote overeating when eating out
- Share restaurant meals or ask for a take-home container.
- · Encourage restaurants to offer smaller portions of foods

#### Prepare and eat more meals at home.

- Limit eating out
- When you do eat out, choose restaurants that offer a variety of fruits and vegetables as well as low fat milk
- Offer at least two fruits and/or vegetables for each meal to help children and youth establish a habit of eating at least five (5) servings of fruits and vegetables a day
- Offer low-fat milk as the standard meal beverage to ensure family members get the recommended three servings a day of dairy
- Provide easy access to healthy snacks such as fruit, vegetables, whole grains and low fat dairy products for snacks and limit access to high calorie, low nutrient choices such as soft drinks, chips and sweets
- Build meals around the Dietary Guidelines for Americans
- Start the day with a good breakfast at home or at school
- Provide regular, structured meals
- Involve family members in growing foods
- Involve family members in preparing foods

#### A Vision for Healthy Tennessee Families: Move More

Increase opportunities for physical activity at home to ensure that children and youth participate in at least 60 minutes of physical activity a day.

- Establish physical activity as a routine part of each day for all family members
- Do not use or restrict physical activity as a punishment
- Plan special weekend activities that include enjoyable physical activity for all family members
- Learn about public facilities for physical activity and use them
- Support policies that provide pathways and sidewalks for safe, non-motorized transportation for children and youth (i.e., walkable, bikable neighborhoods)
- Promote daily physical education and recess in schools
- Limit TV/video time to no more than 1 to 2 hours a day for children and youth
- · Limit television sets to common areas of the home; avoid having them in children's rooms
- Help children and youth prioritize what they watch on TV
- Encourage fun activities as an alternative to TV watching and video games



#### A Vision for Healthy Tennessee Families: Tune In

#### Ensure an atmosphere at home that promotes self-respect for all members.

- Do not allow criticizing, bullying, name-calling or shaming about weight or size
- Promote realistic body image
- Identify community counseling services for overweight children or youth and provide as needed

#### Encourage children and youth to eat in response to appropriate body signals.

- Help children and youth identify non-hunger triggers for eating (e.g., emotions, boredom, food availability/attractiveness, advertising)
- Teach children and youth to identify advertising that pressures individuals to buy foods and beverages high in calories and low in nutrients
- · Organize parties around fun activities rather than food
- Do not encourage "clean plate" syndrome
- Use non-food items as rewards and prizes
- Do not use or restrict food as punishment
- Avoid pressuring children and youth about how much and what to eat
- Help children learn to eat only when they're hungry

#### Serve as a role model to children and youth by eating healthy and being physically active.

- Serve foods such as fruits, vegetables and low fat dairy foods daily
- Adopt and model healthy eating behaviors
- Refrain from making negative remarks about your own weight or the weight of others
- Encourage increased physical activity by finding ways to be active with your children
- Be a good example by eating only when hungry
- Establish a regular physical activity program for yourself
- Seek weight management counseling for yourself if needed

## Section I-D: A Vision for Healthy Tennessee Communities

TENNESSEE HEALTHY WEIGHT NETWORK

## Healthy Weight: A Vision for Healthy Tennessee Communities

The nature and adequacy of community support for healthy eating and physical activity vary greatly in communities around Tennessee. While many communities are focusing on these issues, in most there remains much room for improvement. Neighborhoods that are inadequately designed or unsafe for outdoor play and environments that inhibit healthy eating are all too often the norm. Community members can come together as groups of individuals, organizations, government, industry and faith communities to raise issues of concern, discover common ground and take action.

## Empower communities to create an environment to ensure all citizens EAT SMART... MOVE MORE... and TUNE IN.

- **Eat Smart** by establishing policies that make it easier for citizens of all ages and ethnicities to make healthy food choices at public facilities and functions by limiting or excluding access to high-calorie, high-fat and low nutrient foods and by increasing access to healthy, nutrient dense choices.
- Move More by establishing policies that optimize opportunities for the public to be more physically active in a variety of community settings.
- Tune In by promoting respect and caring for all citizens.

TENNESSEE HEALTHY WEIGHT NETWORK

#### A Vision for Healthy Tennessee Communities: Eat Smart

#### Limit consumption of high fat, high calorie and heavily sweetened food and beverages.

- Promote availability of water, low-fat milk and 100 percent juice in vending machines in parks, recreation facilities, hospitals and other public buildings
- Promote availability of water drinking fountains in parks and recreation facilities
- Encourage organizations for children and youth to increase water consumption and reduce consumption of sugarsweetened beverages among their members
- Do not use sugar-sweetened beverages as a reward
- Work with the vending and beverage industries on availability, pricing and marketing of water, 100 percent juice, low-fat milk and smaller sizes of sugar-sweetened beverages
- Work with industry on availability, pricing and marketing of low fat, low saturated fat and low trans fat food products; Encourage the use of monounsaturated fats and/or unsaturated fats in the restaurant industry
- Encourage faith communities to make available and promote alternatives to sugar-sweetened beverages at all functions where beverages are served
- Encourage faith communities to make available low-fat, low-calorie, nutrient dense foods at all functions

#### Provide appropriate portion sizes of foods and beverages.

- Work with industry to produce and market age-appropriate serving sizes of foods popular with children and youth
- Promote appropriate portion sizes of foods and beverages in community-operated facilities and in faith-based programs
- Engage community leaders to work with restaurants and other food outlets to promote availability of affordable options that support healthy eating

#### Encourage consumption of 5 to 9 servings of fruits and vegetables everyday.

- Encourage faith based organizations to take part in the 5 A Day challenge
- Encourage local grocery stores to participate in the 5 A Day program, offering recipes and point of sale advertising
- Ensure that 5 A Day materials are available to community organizations and clubs
- Promote local farmer's markets as low cost options for purchasing fresh fruits and vegetables

#### A Vision for Healthy Tennessee Communities: Move More

Increase opportunities in the community for children and youth to get at least 60 minutes of physical activity each day.

- Compile and publicize a listing of existing facilities that provide safe, inclusive and affordable opportunities for physical activity in the community
- Partner with schools to make facilities available to the community beyond school hours for physical activity experiences and programs
- Build new bike paths, sidewalks, accessible walking trails and parks where the need exists
- Encourage the promotion of physical activity in faith communities and the expanded use of their facilities for physical activity experiences and programs
- Encourage organizations for children and youth to promote physical activity among their members
- Review transportation policies and traffic patterns and revise to facilitate safe walking and biking
- Provide more community-based, culturally-appropriate opportunities for leisure-time/recreational physical activity for all children and youth
- Expand offerings of affordable physical activity such as league sports, gymnastics, dance, swimming and martial arts classes
- Ensure universal accessibility for physical activity resources and opportunities
- Encourage civic organizations to provide transportation or scholarships to increase access to physical activity opportunities for at-risk children and youth
- Include youth representation in planning and promoting physical activity experiences and programs
- Provide safe routes to school and "walk to school" programs
- Support events, such as Special Olympics and recreational sports, that focus on physical activity among children and youth of all ability levels

#### A Vision for Healthy Tennessee Communities: Tune In

#### Build a community atmosphere that is conducive to citizens feeling respected, regardless of size or weight.

- Create a no-tolerance policy for criticizing, bullying, name-calling, or shaming others about physical size or weight at community facilities and functions
- Project realistic body weight goals throughout community facilities (i.e., bulletin board displays) to counter unrealistic societal norms
- Have employees of community businesses and agencies model respectful behavior by refraining from making negative remarks about their own weight or the weight of others
- Sponsor community celebrations/fairs/festivals that highlight healthy foods, beverages and physical activity
- Involve community leaders as role models in events that promote healthy eating and physical activity
- Educate employees of community businesses or agencies in body weight and size sensitivity to eliminate weight discrimination in all community events and activities
- · Increase opportunities for modeling healthy eating and increased physical activity

#### Encourage citizens to tune in to their own body signals so they eat only when hungry.

- Educate employees of businesses or agencies on non-hunger cues to eating (emotions, habit, food availability/attractiveness, marketing) and encourage them to share in community classes and activities
- Use non-food items, nutritious foods, or coupons as rewards and prizes for community activities and events
- Keep community environments free of advertising for foods of minimal nutritional value

#### Increase opportunities for modeling healthy eating and increased physical activity.

- Educate staff on the need for good adult role modeling for children and youth in their community activities and classes
- Provide worksite wellness programs to help adults develop appropriate eating and activity behaviors
- Involve community leaders and faith-based leaders as role models for healthy eating and increased physical activity
- Adopt a policy that prohibits sporting organizations from using physical activity to punish students for unacceptable behavior in recreational sports
- Provide supervised community programs for children at parks and school playgrounds to promote physical activity

#### Increase community support for overweight prevention and treatment programs.

- Make community facilities available for overweight prevention and treatment classes/activities
- Provide support for a network of accessible, family-based and culturally relevant weight management services
- Provide information on overweight prevention and treatment programs as appropriate to children and youth, parents/caregivers and community leaders

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TENNESSEE HEALTHY WEIGHT NETWORK

## Section I-E: A Vision for Healthy Tennessee Health Care

TENNESSEE HEALTHY WEIGHT NETWORK

## Healthy Weight: A Vision for Healthy Tennessee Health Care

The health care system is a critical setting for interventions aimed at reducing the prevalence and consequences of childhood overweight. Health care professionals can influence the physical activity and eating choices of patients and their families. Moreover, they can serve as effective public policy advocates and can further catalyze intervention efforts in schools and communities, as well as enhance media/communications/social marketing interventions. In the health care setting, the key issues include implementing early assessment and prevention interventions, recognizing obesity and childhood overweight as chronic conditions, advocating for reimbursement for services and identifying and using effective treatments for overweight. It is important to recognize that the prevention and treatment of overweight can happen in a multitude of settings. Hospitals, offices of health care professionals, public health departments, schools and communities are all appropriate settings; however it is important that they work together to achieve an integrated, comprehensive system of care. Creative, multi-disciplinary and culturally sensitive approaches to the prevention and treatment of childhood overweight are essential.

## Empower the health care system to create an integrated and comprehensive infrastructure of care that would identify and provide a continuum of services to address childhood overweight

#### Ensure equitable access to prevention and treatment services to reduce health disparities.

- Establish and support a network of accessible, family-based and culturally relevant interdisciplinary weight management services for overweight children and youth
- Maintain and distribute a list of health care professionals who are trained to provide treatment to overweight children, youth and their families
- Increase awareness of prevention and treatment programs among children and youth, parents/caregivers, school
  personnel, primary care providers and community leaders

## Define obesity as a chronic disease and ensure third-party coverage for prevention and treatment services for individuals who are overweight or at-risk for overweight.

- Convene key leaders from public and private health plans, businesses and policy staff to explore mechanisms that will fully or partially cover reimbursement for prevention and treatment services
- Encourage TennCare and other insurers to define overweight in children as a chronic condition and obesity in adults as a disease and provide appropriate reimbursement

## Expand TennCare coverage to include comprehensive prevention and treatment services for individuals who are overweight or at-risk for overweight.

- Ensure registered dietitians, psychologists and clinical social workers practicing in both private and public settings are reimbursed for treatment services provided to children who are overweight or at-risk for overweight
- Expand approved Medicaid reimbursement to include family-based group programs with components shown to be effective in the treatment of childhood overweight
- Educate health care providers on appropriate coding for reimbursement

## Screen all individuals during routine physical assessment for overweight and related chronic disease risk factors using nationally established guidelines for screening and referral.

- Provide training to health care professional on current pediatric screening recommendations and anthropometric measurement protocols
- Support research efforts to identify barriers to screening and referral by health care professionals
- Educate parents/caregivers regarding the label of "overweight" assigned to children and youth

## Ensure that medical care providers, nutritionists/dietitians, mental health care providers and physical activity specialists have the skills needed to effectively communicate with, evaluate and provide care for individuals who are overweight or at-risk for overweight.

- Collaborate with Tennessee medical schools, including residency programs and other health professional programs to include assessment of weight status, inappropriate weight change and treatment approaches for overweight individuals in the education of health care professionals
- Provide training in motivational interviewing, cultural sensitivity and other health communication strategies for health care professionals
- Provide ongoing Continuing Medical Education (CME) to educate health care professionals about issues related to screening, prevention, assessment, referral and management of overweight

## TENNESSEE HEALTHY WEIGHT NETWORK

## Section II: Making It Happen

- Capacity Building and Networking
- Media/Communications/Social Marketing
- Research and Surveillance
- Health Disparities

# Section II-A: Capacity Building

TENNESSEE HEALTHY WEIGHT NETWORK

# Healthy Weight: Making It Happen Capacity Building and Networking

Communities across Tennessee will enable children to increase control over their own health and weight through community assessment to include needs determination, priorities setting, problem solving, strategic plan development and program ownership at the local level. A community development approach allows essential planning by community members. The elements that allow this process to be successful include: community members' participation in the process; the development of a comprehensive strategy guided by data; and evaluation allowing feedback and program improvement. The Healthy Weight Network's Executive Committee is available to provide the resources needed for local capacity building.

Mobilize the community through the on-going development of a local network that provides an infrastructure comprised of community volunteer or non-profit agencies, public health, extension services, hospitals, universities, school organizations, law makers, private business and a wide range of community members to participate in the strategic planning process.

- Define the community by identifying key participants and existing programs
- Combine all community efforts addressing healthy weight for children
- Recruit partnerships from the community that are healthy weight stakeholders and have the resources for success
- Complete demographic profile from Census and existing information collected by partners
- · Assure all subcultures and community bodies are represented
- Organize the community group and steering committee
- Create working groups that reflect the community subgroups presented in the Vision for Healthy Tennessee Section:
   Schools, Child Care, Families, Communities, and Health Care
- Appoint a local liaison to make contact and work with the Tennessee Healthy Weight Network

## Collect and organize community data to provide direction and an evaluation tool for measuring progress.

- Obtain and analyze local data from various sources including BMI from public health and schools, school health index, community opinion and behavior, and medical and research professionals
- Determine the present circumstance of the problem and identify contributing conditions: social, economic, health disparities, environmental measures and policies
- Identify resources and the existing services and efforts
- Share the results of data analysis with the community

Identify healthy weight priorities and set objectives that allows the community to develop measurable interventions to address the conditions reflected in the data analysis.

- Review the recommendations that have been provided in the "Vision for Healthy Tennessee" section of the guide
- Analyze the behaviors and conditions present in the community that put children at risk for overweight
- Set community objectives reflective of the community analysis and resources
- Select the healthy weight priorities to be addressed first

## Develop a comprehensive intervention plan that includes strategies, timetable, and a work plan for completing activities.

- Recruit and train volunteers to carryout activities
- Publicize and conduct activities recommended in the "Vision for Healthy Tennessee" section
- Build on existing services and programs by integrating the "Eat Smart, Move More and Tune in" message

# Evaluate intervention based on community identified criteria for determining success.

- Monitor and assess progress of the intervention activities on an on-going basis
- Collect appropriate data based on the community criteria for determining success
- Analyze data and utilize to enhance program
- Provide feedback to the community to encourage future participation

### Determine the feasibility of plan expansion.

- Review assessment at pre-determined time intervals
- Prioritize new needs, based on community assets
- · Identify stakeholders and recruit them to join the committee or group
- Expand plan as feasible, through the establishment of new or expansion of existing sub-committees or working groups

For more in-depth information on the process of local capacity building, the complete document, "The Planned Approach To Community Health (PATCH)— Guide for the Local Coordinator" is available at www.cdc.gov/nccdphp/patch



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# Healthy Weight: Making It Happen Media / Communications / Social Marketing Plan

Extensive implementation of well-designed communication strategies can dramatically impact public perception and behavior. It will take the collaboration of numerous media partnerships, the creation of effective communication materials and the design and implementation of specific social marketing strategies to successfully affect the status of healthy weight among Tennessee's children. Individuals, children, families, schools, communities and policy makers can be positively influenced by proactive and targeted communications.

Increase awareness among all population groups regarding the serious health epidemic among overweight children, its economic costs to Tennesseans and its negative impact on their quality of life.

- Designate a full time healthy weight media campaign director to work with the campaign director
- Develop a specific campaign plan with timelines, evaluation criteria, campaign logo and main talking points to be used in all communication materials using the strongest data available to make the case
- Recruit a high profile public spokesperson for the campaign
- Create communication materials for distribution. Materials should include fact sheets, press releases, press kits, photos, list
  of state and community resources, radio and television public service announcements, billboards, magazine and
  newspaper articles, newsletter inserts, web site articles and list of spokespersons
- Establish public-private partnerships at the state and local levels to implement the media campaign through all available media outlets
- Encourage local involvement in policy change initiatives that support healthy weight among Tennessee children and youth

Promote awareness and action among all population groups regarding the public policy solutions and strategies needed to address the epidemic child and youth healthy weight problem in Tennessee.

- Link specific solution strategy communication materials to targeted population groups (policy makers, foundation officials, special needs children, Spanish speaking children, etc.)
- Increase awareness of the importance of healthy weight and physical activity for children with disabling conditions
- Raise awareness of gaps in access to walking trails, parks, sidewalks and bike paths; advocate for the construction of new pathways where needed
- Raise awareness of the link between increased physical activity, healthy eating habits and improved academic achievement
- Promote awareness regarding current limited physical activity offered to children and youth in schools

- Promote use of recognized minimum requirements for physical education and physical activity in schools
- Recognize families who have successfully changed their lifestyles to promote healthy weight for themselves and their children
- Recognize schools that exceed minimal physical activity requirements and/or have healthy food and drink choices in their vending machines
- Recognize communities that initiate strong physical activity and healthy eating education programs for their residents
- Educate residents about the current unhealthy eating habits of children and youth while attending school, including vending
  machine and cafeteria food and beverage offerings
- Engage community members in local debates about school fundraising pressures, vending machines and junk food/drink sales
- Address remedies to family financial pressures associated with fast food menu choices
- Raise awareness for the need to create and/or utilize walking trails, parks, bike paths and sidewalks in every community
- Identify and implement model programs and/or successful strategies that communities can use to promote increased physical activity and healthy eating for their children and youth
- Develop effective advocates (policymakers, professional and business groups, local health departments/health councils, parents and youth) at the state and local level who will promote policies that encourage increased physical activity and healthy eating among children and youth

# Promote physical activity and healthy eating among Tennessee's children and youth through effective social marketing interventions.

- Create community partnerships to secure funding to implement state and local media/communications strategies
- Encourage local participation in social marketing initiatives utilizing tools such as the "School Health Index" and "Changing the Scene" or other community action tools that empower participants to make healthy lifestyle changes
- Develop measurable objectives for each social marketing intervention
- Design communication messages based on research conducted with members from each targeted population group
- Provide media advocacy and media literacy training to advocates and others interested in promoting health lifestyle behavior changes

# Section II-C: Research and Surveillance

TENNESSEE HEALIHY WEIGHT NETWORK

# Healthy Weight: Making It Happen Research and Surveillance Plan

Surveillance and research are necessary to determine the extent of childhood overweight, to examine trends and to measure progress in achieving healthy weight patterns. Data collection and surveillance can provide useful information in monitoring progress toward health promotion goals. Data collection techniques must be systematic and uniform in order to compare data collected across the state and observe for trends over time. Similarly, measurements must be valid and reliable, to ensure accuracy, consistency and integrity of data collected.

## Research

### Assess progress and measure program effectiveness.

- Identify and evaluate best practices in prevention and treatment of childhood overweight, especially in targeted high-risk populations
- Investigate cultural/ethnic differences in physical activity and dietary intake in children and youth
- Investigate regional differences in physical activity and dietary intake in children and youth
- Study the cost-effectiveness of prevention and treatment services for childhood overweight
- Assess the impact of diet and physical activity on students' academic performance and school achievement

## Surveillance

Ensure a comprehensive, continuous and reliable method for monitoring body mass index (BMI), nutrition and physical activity behaviors in children and youth.

- Collect data related to BMI, nutrition and physical activity behaviors on a representative sample of children across the state to establish a database for longitudinal tracking, monitoring and indication of progress
- Select schools from the State-funded Coordinated School Health Pilot Site school systems to ensure continuous data and statewide geographic observations
- Use power estimates to determine the number of schools/students needed to be able to detect changes over time
- Use nationally-recognized protocols to measure height and weight (CDC)
- Train data collectors to the common protocol and validate their measurements

- Enhance the quality of data obtained through technical assistance and ongoing training
- Develop a statewide database to house the data at the Center for Criminology and Research at the University of Memphis
- Ensure routine state participation in the Youth Risk Behavior Surveillance System (YRBS)
- Include standardized questions in survey tools to monitor key nutrition and physical activity behaviors in children and youth
- Collaborate with university researchers on Tennessee-based studies relevant to nutrition, physical activity and weight that can expand surveillance data

Routinely analyze existing data on body mass index (BMI), nutrition and physical activity behaviors and make these aggregate data available to state and local governments, public health agencies, the media and other interested citizens.

- Develop and disseminate a biennial report on the prevalence of overweight, nutrition and physical activity behaviors of children and youth to health professionals and stakeholders
- Develop and disseminate a "user-friendly" annual report and press release to the public
- Provide weight related surveillance data to public and private groups to include in their publications

Establish surveillance and mapping systems to monitor community-level physical and nutrition environments, with a focus on family/child access to healthy food choices and opportunities for physical activity.

 Work with city planners, community and business leaders, nutrition and physical activity experts to monitor community walkability, bikability, access to safe play space and access to quality food stores, restaurants, community gardens and farmers' markets

Monitor school policies and practices on nutrition and physical activity including competitive food sales, food advertisements, physical education requirements and recess opportunities.

- Conduct an annual statewide survey of school vending machine and competitive food sales to monitor for trends
- Encourage schools to use the School Health Index and monitor for changes over time
- Encourage school-based response to the School Health Education Profile (SHEP)

# TENNESSEE HEALTHY WEIGHT NETWORK

# Section II-D: Health Disparities

TENNESSEE HEALTHY WEIGHT NETWORK

# Healthy Weight: Making It Happen Disparity Elimination

Despite advances in medical science, which have allowed for increased longevity, differences in years and quality of life continue to persist. Differences in life expectancy and other health status measures are particularly apparent for populations of color (i.e., racial and ethnic minorities), women, socio-economically disadvantaged (i.e., poor), rural dwellers, the disabled and other medically underserved populations. Often these disparities exist as a consequence of limited access to quality health care resulting from poverty. However, as recent publications have highlighted, (Institute of Medicine 2002a, Institute of Medicine 2002b) even after adjusting for income, differences in health status continue to persist, notably for racial and ethnic minorities. At the same time that many health disparities are the consequence of structural inequalities (i.e., racism, prejudice, bias, etc.) others are related to lifestyle choices and behaviors. Therefore, in areas where health promotion and prevention are possible, particularly for special populations of children and youth, concerted effort should be given to encouraging healthful life strategies healthy eating, physical activity and developing positive self-concepts – in ways that are supportive and respectful of the cultural and contextual differences between Tennessee's children and youth.

Stress is a motivator for inappropriate eating behaviors that encourage overweight and obesity among children of color. Different from stressors experienced by many Euro-American children and youth, children/youth of color have to deal with the effects of racism, sexism and elitism. Eating foods that taste good and provide comfort often allow children of color to feel in control over psychosocial dynamics (i.e., rage, grief, frustration, cultural dissonance, social isolation) for which there might not be other culturally appropriate coping mechanisms. For many Latinos becoming acculturated prompts them to approximate body sizes more indicative of Euro-American girls. However, this type of approximating of body size occurs less among Latinas who are less acculturated. Attitudes regarding body image, self-concept and self esteem must also be considered. For many African American girls, being overweight is not considered less attractive. Instead many are praised within their social circles and within families and communities for being "round" or "shapely." What must be considered is fitness with curves versus unfit and overweight.

Empower children, youth, families, communities of color and other stakeholders to create culturally-sensitive and resource rich environments that ensure all children and youth will EAT SMART...MOVE MORE...AND TUNE IN.

**EAT SMART** by offering access to healthy foods in portion sizes that are developmentally/age-appropriate and teach children to enjoy a variety of high nutrient low fat foods.

**MOVE MORE** by making sure that home surroundings optimize physical activity and families seek physical activity at school and throughout the community where children learn how to enjoy physical movement as a lifestyle commitment.

**TUNE IN** to body signals, model healthy eating, physical activity and stress reduction.

Promote access to quality foods for children and families of color, many of whom live in urban areas, which contain an over proliferation of stores that do not carry low fat, high fiber foods (fresh fruits and vegetables) at prices families can afford. This is also an issue for poor and working-class families.

- Ensure access and availability of nutritious foods by stores that participate in WIC
- Ensure containment and access to nutritional foods in all communities

## Promote breastfeeding and familial support.

- Support, home visit/calls, etc. within critical time of initiation
- Promote breastfeeding, including the necessary familial support (i.e., mothers, other older female kin, spouses/partners)
- Institute within worksites necessary supports to ensure that lactating mothers are encouraged and supported in their efforts to breastfeed (i.e., designated areas for expressing milk, cold-storage facilities to store expressed milk, time to express milk built into work schedule, etc.)

### Prepare healthier family meals at home and on special occasions.

- Provide healthier meals involving family members in selection and preparation (establish cultural norm)
- Provide a good breakfast for the children before school everyday
- Provide healthy after-school snacks for children
- Limit eating out, especially at all-you-can-eat- buffets
- Eat vegetables, fruits, grains (especially whole grains), fat-free or low fat milk, fish, lean meat, poultry, beans and low saturated fat and less added sugars most of the time

# Promote physical activity for children of color, families and extended kin included in community-based exercise programs.

- Participate in faith-based sports
- Enroll in local community-based exercise programs as a family (i.e., YMCA, public community centers, schools, Boys & Girls Clubs, etc.)
- Develop a summer recreation and learning program.
- Partner with local businesses to provide individual sport and exercise alternatives such as bicycling, karate, dance, hiking, etc.
- Promote physical activity for at least 60 minutes a day
- Limit television and video games
- Participate in after-school and neighborhood sports
- Encourage traditional family sports
- Visit local parks (enroll in summer "Hearts-N-Parks" Program)
- Provide forums/seminars/workshops to help educate parents about obesity in children, variety and healthier ways of preparing food

# Ensure participation of all community members in the planning, implementing and evaluating stages of a program.

- Determine the population of the community using census data or other statistics
- Engage people from all segments of the community
- Partner with churches, volunteer organizations, social clubs, sororities/fraternities, school councils, home/apartment associations and other groups to ensure all segments of the population are represented
- Organize grassroots efforts of people to do door-to-door contact, involve community groups beyond their own membership, provide for bottom-up planning and decision making and creating leadership roles in the community
- Support program development and management skills education for ethnic community based organizations and health providers

### Focus interventions on populations disproportionately affected by disease.

- Use data to identify target populations
- Engage members of the identified population to plan and implement programs
- Provide funding for programs created to address identified health disparities
- Promote the program using culturally appropriate media outlets (urban radio stations, African American newspapers, publications written in Spanish, etc.)

- Fund programs that involve the community in the planning process, are driven by sound epidemiologic and behavioral surveillance, are accessible to community members, provide culturally appropriate health education/teaching/mentoring, provide a link to community services including health care and scientifically evaluate program components
- · Seek guidance of a health care provider

# Implement programs to increase the delivery of primary and secondary prevention activities among racial and ethnic minorities.

- Develop partnerships between public health groups and religious organizations
- Customize intervention programs to specific cultural and ethnic needs of the target group
- Consider non-traditional sites to deliver services to the target population (barber shop, grocery store, church, etc.)
- Form partnerships with faith communities and utilize church teams in devising ways to communicate health messages to congregations
- Collaborate with local universities, colleges and academic institutions to conduct research specific to the situation and needs of the target population



TENNESSEE HEALTHY WEIGHT NETWORK



TENNESSEE HEALTHY WEIGHT NETWORK

# Healthy Weight: Finding Help Resources and References

This section includes bibliographic references, websites, services and assessment tools. The section is not all inclusive and the information provided is not listed in any priority order.

- Tennessee Department of Health www.state.tn.us/health
- Tennessee WIC Program <u>www.state.tn.us/health/wic/index.htm</u>
- U.S. Department of Health and Human Services, The Surgeon General's Call to Action to Prevent and Decrease
   Overweight and Obesity. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of
   the Surgeon General, December 2001. www.surgeongeneral.gov/topics/obesity
- Commitment to Change document. www.actionforhealthykids.org/docs/commitment.pdf
- Dietary Guidelines for Americans, 2000 Report. www.ars.usda.gov/dgac/2kdiet.pdf
- Journal of Nutrition Education and Behaviors "Guidelines for Childhood obesity prevention programs" Volume 35, Jan/Feb 2003
- North Carolina Healthy Weight Initiative: Moving Our Children Toward a Healthy Weight. www.nchealthyweight.com
- Michigan Department of Education. The Role of Michigan Schools in Promoting Healthy Weight: A Consensus Paper.
   September 2001
- Kubik M, Lytle L, Story M. "A practical, theory-based approach to establishing school nutrition advisory councils" *Journal of American Dietetic Association* 2001:101:223-228.
- Krammer-Atwood J, Dwyer J, Hoelscher D, et al. "Fostering healthy food consumption in schools: Focusing on the challenges of competitive foods" *Journal of American Dietetic Association* 2002:102:1228-1233.
- Food and Nurtrition Information Center <u>www.nal.usda.gov/fnic</u>

- French S, Story M, Fulkerson J. "School food policies and practices: A state-wide survey of secondary school principals".
   Journal of American Dietetic Association 2002:102:1785-1789.
- Kubik M, Lytle L, Hannan P, et al. "The association of the school food environment with dietary behaviors of young adolescents". American Journal of Public Health. 2003:93(7):1168-1173.
- Contact: AbleYouth.org organization for adults and children with physical challenges (wheelchair, etc.)
- Partner with a foundation or get information and support from the Tennessee Division of Alcohol and Drug, Tennessee Department of Health to provide youth suicide prevention activities.
- Action for Healthy Kids <u>www.actionforhealthykids.org</u> Commitment to Change, Fact Sheet, Backgrounder
- School Health Index: A Self-Assessment and Planning Guide www.cdc.gov/nccdphp/dash/SH/index.htm.
- Changing the Scene: Improving the School Nutrition Environment <a href="www.fns.usda.gov/tn/Healthy/form.htm">www.fns.usda.gov/tn/Healthy/form.htm</a>
- Physical Activity Promotion Brochures (CDC) www.cdc.gov/HealthyYouth/PhysicalActivity
- TN Data on Obesity <a href="https://www.cdc.gov/nccdphp/dna/obesity/trend/prevreg.htm">www.cdc.gov/nccdphp/dna/obesity/trend/prevreg.htm</a>
- Health Promotion Calendar (i.e. National PE and Sport Week, Nat'l School Breakfast week, National Nutrition Month, etc.)
   www.foodandhealth.com
- Making the Connection: Health and Student Achievement (free CD power point) www.thesociety.org/pdf/connections.pdf
- VERB CDC Physical Activity campaign <u>www.verbnow.com/</u>
- The Center for Health and Health Care in Schools <u>www.healthinschools.org</u>
- USDA's Team Nutrition Policy Statement <u>www.fns.usda.gov/tn/Grants/TNPolicyStatement.pdf</u>
- Texas Policy Foods of Minimal Nutritional Value <u>www.agr.state.tn.us</u>

- Nutrition Exploration Fun and easy nutrition activities for Parents, School Food Service and Educators www.nutritionexplorations.org
- Maryland Meals for Achievement Classroom Breakfast Helping Students Make the Grade www.asfsa.org/childnutrition/research/maryland.asp
- National Association of State Boards of Education (NASBE) 1-800-220-5183 toll free or <a href="www.nasbe.org">www.nasbe.org</a>
   -Fit, Healthy and Ready to Learn: A School Health Policy Guide
  - -How Schools Work & How to Work with Schools
- U.S. Department of Agriculture. Changing the Scene: Improving the School Nutrition Environment. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, August 2000.
- CDC's School Health Index at www.cdc.gov
- Contact: American Dietetic Association to find a dietitian in your area <u>www.eatright.org</u>
- National 5 A Day Program to promote fruit and vegetable consumption <u>www.5aday.com</u> or <u>www.5aday.gov</u>
- Center for Disease Control 5 A Day website <a href="www.cdc.gov/nccdphp/dnpa/5aday">www.cdc.gov/nccdphp/dnpa/5aday</a>
- Kid's Health www.kidshealth.org
- Kid Source Online www.kidsource.com
- National Programs including WIC, Farmer's Market and School Feeding Program <u>www.fns.usda.gov/fns/</u>
- National Gardening Association <u>www.kidsgardening.com</u>
- Growth Charts www.cdc.gov/growthcharts
- Healthy People 2010 <u>www.health.gov/healthypeople</u>
- Parenting and Nutrition Resources <u>www.utextension.utk.edu</u>



TENNESSEE HEALTHY WEIGHT NETWORK

# Healthy Weight: Collaboration Healthy Weight Network Organizing Committee

Nan Allison, MS, RD, LDN, Co-Chair	Phyllis Hodges, SFNS	Rita Scruggs, MS, RD
Administrator	School Nutrition Dir, Dickson Co Schools	Child Nutrition Program Consultant
Tennessee Dietetic Association	Tennessee School Food Service Assoc	Tennessee Department of Education
Rubelyn Mays, MS, RD, LDN, Co-	Stephanie Lavoie, MS, MPH, RD, LDN	Linda W. Shelton
Chair	Regional Strategic Planning Coordinator	Governor's Council on Physical Fitness
Director of Community Nutrition	East TN Regional Health Office	and Health
Tennessee Department of Health	9	Tennessee Department of Health
Gail Beeman, MD, MHPE	Marian Levy, DrPH, RD	Sara Smith, MS
Associate Professor, Pediatrics	Assoc Director, Health Promotion & Grants	Director of Adolescent Health
UT Health Science Center, Memphis	Children's Foundation Research Center of	Tennessee Department of Health
	Memphis	·
Janie L. Burney, PhD, RD	Tracy Noerper, MS, RD, LDN	Laurie Stanton, MS, RD
Associate Professor/Nutrition Specialist	Program Coordinator	State 5 A Day Coordinator
TN Agricultural Extension Service	Southeast United Dairy Industry Assoc	Tennessee Department of Health
	(SUDIA)	
Luvenia Butler, Project Director	Kenneth Nye, EdD	Cindy Wallace
Office of Minority Health	Exec Dir, Office School Health Programs	Austin Peay State University
Tennessee Department of Health	Tennessee Department of Education	Clarksville, TN
Anne Gramiak, MPH, CHES	Carolyn Perry-Burst, MS, RD, LDN	Pat Wallin, MS, RD, LDN
Health Educator, Heart Disease and	Program Manager, Division of Nutrition	Program Director
Stroke Prevention	Services	Southeast United Dairy Industry Assoc
Tennessee Department of Health	Knox County Health Department	(SUDIA)
Betty P. Greer, PhD, RD	Kris Rehm, MD	Mary Wilson, MS, RD
Associate Professor/Nutrition Specialist	Old Harding Pediatric Associates	Nutrition Supervisor
TN Agricultural Extension Service	Nashville, TN	Knox County Schools
Julie M. Griffin	Jean Renfro, MEd	HINETWORK
Tennessee Advocacy Director	Director, Community Prevention Initiative	
American Heart Association	Tennessee Department of Health	

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# **Supporting Organizations and Agencies**

Action for Healthy Kids

American Heart Association – Tennessee Chapter

Children's Foundation Research Center of Memphis

**Greater Knoxville Nutrition Council** 

**Knox County Community Action Agency** 

Knox County Food Policy Council

**Knoxville District Dietetic Council** 

Knoxville Nutrition and Exercise Steering Committee

Nashville District Dietetic Council

Southeast United Dairy Industry Association

Tennessee Academy of Family Physicians

Tennessee Association for Physical Activity, Exercise, Recreation, and Dance

Tennessee Chapter of American Academy of Pediatrics

Tennessee Commission on Children & Youth

Tennessee Department of Education - School Nutrition Programs, Office of School Health

Tennessee Department of Health, Nutrition Services/WIC, Maternal Child Health, Community Services, Minority Health

Tennessee Dietetic Association

Tennessee Governor's Council on Physical Fitness and Health

Tennessee Head Start and Collaboration Office

**Tennessee Nutrition Coalition** 

Tennessee Office of Minority Health

Tennessee Public Health Association

Tennessee School Food Service Association

Tennessee School Health Coalition

Tennessee State University, College of Health Sciences

University of Memphis, Pediatrics/Center for Community Criminology and Research

University of Tennessee Extension Service

# **Reporting Actions/Accomplishments**

Tennessee's Healthy Weight Initiative is about action and results. A specific group/organization will be responsible for coordinating local team efforts and reporting accomplishments back to the THWN. Responsible groups and State contacts are as follows:

# **Section I: The Vision for a Healthy Tennessee**

#### Schools

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#### **Child Care**

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#### **Families**

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#### **Health Care**

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### Communities

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Janie L. Burney, PhD, RD Tennessee Extension Service jburney@utk.edu

# **Section II: Making It Happen**

# **Capacity Building and Networking**

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## Media/Communications/Social Marketing

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#### Research and Surveillance

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## **Policy and Legislation**

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## **Health Disparities**

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